11342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Leila (Middle) Emma (Last) Bryan
4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10/28/1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Hurley
14. MOTHER'S MAIDEN NAME Carolina Stevens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Grace Plutschak (Daughter) Preston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Starvation refused to eat	3mose
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 yr
	(c)	

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hiatus Hernia — 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15/, 1952, to 10/12, 1952, that I last saw the deceased alive on 10/12/52, 19, and that death occurred at 12:25P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Preston Maryland 10/14/52

23. FINAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/14/52
NAME OF CEMETERY OR CREMATORY East New Market
LOCATION (City, town, or county) East New Market (State) Md

DATE REC'D BY LOCAL REG. 10/14/52
REGISTRAR'S SIGNATURE Cornelia W. Plummer
24. FUNERAL DIRECTOR Ruth S. Willoughby ADDRESS East New Market, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11343

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LETITIA (Middle) (Last) FENWICK
4. DATE OF DEATH: (Month) OCT (Day) 17 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 21, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Fenwick Denton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, Hypertensive

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952, to Oct. 17, 1952, that I last saw the deceased alive on Oct. 17, 1952, and that death occurred at 9:30 a.m.; from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert S. Howard Knight M.D. Greensboro Md. Oct. 18 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 19, 1952
NAME OF CEMETERY OR CREMATORY: Denton
LOCATION (City, town, or county) (State): Denton, Md.
DATE REC'D BY LOCAL REGISTRAR: 10/19/52
REGISTRAR'S SIGNATURE: Mrs D D Yerge
24. FUNERAL DIRECTOR: J. Virgil Moore & Son ADDRESS: Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11344

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Gay Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location) 309 Gay Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Lacy (Last) Griffith Sr.

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 20, 1854

9. AGE last birthday: 98 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Griffith

14. MOTHER'S MAIDEN NAME: (First name unknown) Dawson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Olas Smith, Denton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis — Interval Between Onset And Death: 12 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1929, to Oct 23, 1952, that I last saw the deceased alive on Oct 23, 1952, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Doctor or title) Paul Thoits MD ADDRESS Denton Md DATE SIGNED 10/25/52

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial

DATE THEREOF Oct. 26, 1952

NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/25/52

REGISTRAR'S SIGNATURE Jno D George

24. FUNERAL DIRECTOR ADDRESS J.J. Frampton and Son, Federalsburg, Md.

VS. A15

RECEIVED
OCT 28 1952
BUREAU V. S.

Item 1 FilmG147 10/9/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11345

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Huffing (Last) Jones

4. DATE OF DEATH: (Month) Oct. (Day) 1st (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 20th 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 8 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas A. Jones
14. MOTHER'S MAIDEN NAME: Lucy Reddue

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Carrie Jones (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 2 yr

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1952, to Oct 1, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE Damon O George (Degree or title) ADDRESS Denton Md DATE SIGNED 10/3/52

23. BURIAL, CREMATION, REMOVAL* (Specify) Buried
DATE THEREOF Oct. 4th
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) Denton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/3/52
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son. ADDRESS Denton

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 6 19
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11346

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schall's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural
STREET ADDRESS " (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ira (Middle) D. (Last) Lewis

4. DATE OF DEATH: (Month) Oct. (Day) 25, (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 12, 1863
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: carpenter work
11. BIRTHPLACE (State or foreign country): Farmington, Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Lewis
14. MOTHER'S MAIDEN NAME: Georgia Cahall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Harold Lewis Blades, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Chronic myocarditis
DUE TO
Antecedent cause(s) (b) Cerebral + General Arterio Sclerosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Oct. 25, 1952, that I last saw the deceased alive on Oct. 24, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Charles H Stonesifer M.D. (DEGREE OR TITLE) ADDRESS Greensboro, Maryland DATE SIGNED Oct. 25, 1952

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 10/28/1952 NAME OF CEMETERY OR CREMATORY Bloomery Cemetery LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REG. 10/28/52 REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR Harvey Williams ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
OCT 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgeville Road	STREET ADDRESS (If rural, give location) Bridgeville Road

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Walter	(Last) Moore, Jr.	4. DATE OF DEATH	(Month) October (Day) 15 (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 24, 1919	9. AGE last birthday 33 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer	10b. KIND OF BUSINESS OR INDUSTRY Waldo Grimes Co.	11. BIRTHPLACE (State or foreign country) Federalsburg, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME C. Walter Moore	14. MOTHER'S MAIDEN NAME Berzetta Tull				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY No. 222-09-7508	17. INFORMANT AND ADDRESS Mrs. C. Walter Moore, Federalsburg, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hanson A. George Deputy Medical Examiner - Denton Md 10/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct. 13, 1952	NAME OF CEMETERY OR CREMATORY Washington Cemetery	LOCATION (City, town, or county) (State) Hurlock, Maryland
DATE REC'D BY LOCAL REG. Oct. 16, 1952	REGISTRAR'S SIGNATURE Margaret H. Frampton	24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OCT 28 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg

LENGTH OF STAY (in this place) 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Park Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg

STREET ADDRESS (If rural give location) 306 Park Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Della		Simpson	October	5	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	Colored	Married	Nov. 10, 1883	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Dorchester County, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Banks	No data available

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Herbert Riggs, Federalsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic myocarditis — 5 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1951, to 10/5, 1952, that I last saw the deceased alive on 10/5, 1952, and that death occurred at [illegible] p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M. Anderson M.D. — ADDRESS Federalsburg, Md. — DATE SIGNED 10/6/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 7, 1952	Federal Hill Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 7, 1952	Margaret N. Frampton	J.J. Frampton and Son,	Federalsburg, Md.

OCT 1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Denton
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Denton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) HAYWARD (Middle) (Last) SATTERFIELD
4. DATE OF DEATH (Month) OCT (Day) 19 (Year) 1952
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Jan 7, 1889
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Weyman Satterfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Ed. Stanford RFD Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffication - Completely burned - [illegible]

16.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trapped in burning building

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: ✓
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: House — (CITY OR TOWN) Rural Denton (COUNTY) Caroline (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): 10-19 1952 5 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Trapped in burning building

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 1 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct 19, 1952
NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard
LOCATION (City, town, or county) (State): near Denton, Md.

DATE REC'D BY LOCAL REG.: 10, 19, 52
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: J. Virgil Moore, Denton, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro
LENGTH OF STAY (in this place) 5yr-2mo-1da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Convl. Home Greensboro, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) Jane (Last) Scott

4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-16-1862
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edwin Meredith
14. MOTHER'S MAIDEN NAME Wellington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Edna Scott-26 S. State St. Dover, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Juvenal Cerebrosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950 to Oct 2, 1952 that I last saw the deceased alive on Oct 2, 1952 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Charles H. Stonesifer (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED Oct 2 1952

23. BURIAL, CREMATION REMOVAL (Specify) DATE Oct 4th 1952 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. Oct. 2-1952 REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR Edgar L. Lowe ADDRESS Church Hill Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1155

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; LENGTH OF STAY (in this place) 6 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill R. D.; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Elizabeth (Last) Taylor

4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 19-1896

9. AGE last birthday: 56 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Brodes ?

14. MOTHER'S MAIDEN NAME: Flora B. Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Harry Taylor (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Aortic regurgitation	5 years.
421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension and chronic myocarditis	3 years.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1950, to Oct. 9, 1952, that I last saw the deceased alive on Oct. 7, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Krotts MD ADDRESS Denton Md DATE SIGNED 10-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 11-52 | NAME OF CEMETERY OR CREMATORY: Chesterfield | LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG. 10/10/52 | REGISTRAR'S SIGNATURE: M. D. Jeager

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill Md.

OCT 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1352

CERTIFICATE OF DEATH

Reg. Dist. No. 6-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro

LENGTH OF STAY (in this place): 32Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro

STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Michael		Toth	10	19	52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	9/10/1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Shoe Maker	None	Hunguary	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Francis Toth	Elizabeth Rigo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Charles Toth Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

434.1 Immediate cause (a) Cardiac failure - progressive congestion — Interval Between Onset and Death: Hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Cortical Carcinoma — 2 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

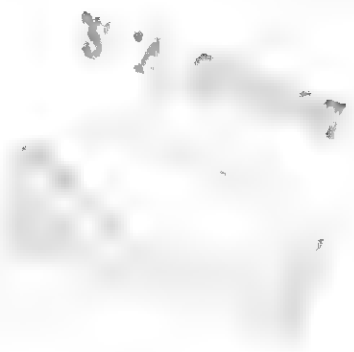
22. I hereby certify that I attended the deceased from 7-15, 1951, to 10-19, 1952, that I last saw the deceased alive on Oct 1st, 1952, and that death occurred at 3:25 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Robert W. Kimble MD		Greensboro Md.	Oct. 22, 1952.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/22/52	Greensboro	Greensboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 23-1952	L. MacLeggin	R.B. Rawlings	Greensboro, Md

VS. 415 8-51



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]53

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 210 South Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — Caroline COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg

STREET ADDRESS (If rural give location): 210 South Main Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Benjamin (Last) Trice

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	July 16, 1884	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Button Polisher	Maryland Plastics, Inc.	Caroline County, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry F. Trice	Martha Rosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	220-07-2122	Mrs. Bertie E. Trice, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause (a) Coronary Thrombosis — 3hrs

DUE TO

Antecedent causes (b) Hypertension & Chronic Myocarditis — 5yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 5yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1951, to 10/18, 1952 that I last saw the deceased alive on 10/18, 1952 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Endersen	M. D.	Federalsburg, Maryland	Oct. 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 21, 1952	Concord Cemetery	Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 21, 1952	Margaret N. Trampton	J.J. Trampton Funeral Home	Federalsburg, Md.

VS. AT6

OCT 28 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11354

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
LENGTH OF STAY (in this place): 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harmony

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Caroline COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
STREET ADDRESS (If rural give location): Harmony

3. NAME OF DECEASED: (First) Ella (Middle) (Last) Willis
4. DATE OF DEATH: (Month) October (Day) 28 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 23, 1884	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Talbot County, Maryland	U.S.A.

13. FATHER'S NAME: James Wooters
14. MOTHER'S MAIDEN NAME: Annie Collison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Clarence A. Willis, Seaford, Delaware

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) with Coronary Infarction
DUE TO
(170X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast,

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/24/52	Carcinoma of breast	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/16, 1952, to 10, 1952, that I last saw the deceased alive on 10/27, 1952, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE: J. Leland Fox (Degree or title) Md.
ADDRESS: Seaford Del
DATE SIGNED: 10/28/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 1, 1952	Hill Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/31/52	Cornelia D. Plummer	J.J.Framptom and Son,	Federalsburg, Md.

VS. A15

RECEIVED
NOV 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11355

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline MARYLAND; CITY (If outside corporate limits write RURAL) OR TOWN Hillsboro; LENGTH OF STAY (in this place) 50 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Caroline COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro, STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Estay (Last) Knotts

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Mar. 31st 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Carter

14. MOTHER'S MAIDEN NAME: Katherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Sadie Rootes Hillsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.0 Immediate cause (a) Pulmonary embolism — Interval Between Onset And Death 15 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Thrombosis in iliac veins — several months

DUE TO

(c) Benign ulcer of the stomach

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of the breast, amputated, cured in 1946

19a. DATE OF OPERATION: 12/31/1946

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the ducts of the breast with Paget disease of the nipple

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 52 to Oct 26, 19 52, that I last saw the deceased alive on 10/26, 19 52, and that death occurred at 6 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Green Acre Md. DATE SIGNED 10/28/52

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial

DATE THEREOF Oct. 29

NAME OF CEMETERY OR CREMATORY Greenmount C. LOCATION (City, town, or county) Hillsboro (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/29/52

REGISTRAR'S SIGNATURE Mrs D O Toop

24. FUNERAL DIRECTOR J. Virgil Moore ADDRESS Sav Denton

VS. A15

RECEIVED
APR 3 1952
BUREAU V. S.